REST AVAILARIE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

09989777

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			28					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			ع ر _ minus 20=		* 8			X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			6- m	inus 3 =	3			X42=		OR	X84=	252
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1136
6	13 / CI	(Column 1)	MENDED - PART II (Column 2) (Column 3)				SMALL E	ENTITY	OR	OTHER SMALL	ENTITY	
ENT A		CLAIMS REMAINING . AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	. ,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 58	Minus	# 2	<u></u>	=		X\$ 9=		OR	X\$18=	
WE W	Independent	. 6	Minus	***	(_e	=		X42=	/	OR:	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDE				PENDEN	CLAIM			+140=		OR	+280=	_
							L	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			W DI 1. FCC 1	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	$\ \ $	X\$ 9=	(OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	T CL AIM	-		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENUEN	CDAIM		,	+140=	,	OR	+280=	
							L.	TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	•	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	11	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM		1	+140=		OR	+280=	
	If the entry in colu	ımn 1 is less than	the entry in co	lumn 2, wri	t "0" in co	olumn 3.	ا	TOTAL		OR	TOTAL	
-	** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											